

DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION  
FORESTRY DIVISION  
APPLICATION FOR LEASE/LICENSE ON CLASS II FORESTRY LANDS AND  
CLASS IV, OTHER LANDS  
(Non-Refundable \$25.00 Fee)

Land located Flathead County.

Application is hereby made by the undersigned, for a lease/license under the provision of Chapter 6, Title 77, MCA, and amendments thereto, and the rules and regulations adopted by the State Board of Land Commissioners, to the land hereinafter described. A cabinsite lease shall be for a period not to exceed 15 years and shall expire on February 28<sup>th</sup>.

- 1. The application form must be filled out in its entirety, signed and dated. This must also be included in the bid envelope.
- 2. This form must be accompanied by a non-refundable application fee of \$25.00.
- 3. The \$25.00 application fee must be submitted by a separate check.

DESCRIPTION	SECTION	TOWNSHIP	RANGE	ACRES
COS 16003 Parcel #4	NE4NW4 31	27N	23W	5.00

Application may be made on all or any portion of the above-described State lands. However, any division of the present leased/license acres will require justification and Department approval thereof. The State does not guarantee access to any of its lands.

As a basis for considering this application, I am giving the following information in response to the questions asked, and I do so with the understanding that any material misinformation may constitute reason for cancellation of the lease/license by the State Board of Land Commissioners, if it should so determine. Section 77-6-210, MCA describes the proposed use of State Lands.

Are you leasing this land for your own use? 

	YES		NO
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Are you planning to sub-lease this land? 

	YES		NO
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If so, to whom? \_\_\_\_\_

Are you the head of a family? 

	YES		NO
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Have you attained the age of 18 years? 

	YES		NO
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Failure to fully answer the questions on this application may cause unnecessary delay jeopardizing your interest in the pending transaction.

I hereby certify that all the information I have hereby given is true and accurate to the best of my knowledge, information and belief. Please fill out (PRINT) the following information. Please indicate name(s) and address exactly as you want them to appear on the lease.

Name(s) of Applicant(s): \_\_\_\_\_ (Print) \_\_\_\_\_ (Print)

Please indicate: 

	Joint Tenants		Tenants in Common
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Address or Box No.: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applicant(s) Signature(s): \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary signature

\_\_\_\_\_  
Notary printed name  
Notary Public for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

[NOTARY SEAL]